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|---|--|--|---|----|----|----|----|
| FORM 5 Rev 02/08 | State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400153117 | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| DRILLING COMPLETION REPORT | | | | | | | |
| This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required. | | | | | | | |
| Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion | | | | | | | |
| 1. OGCC Operator Number: 69175 | | 4. Contact Name: Jeff Glossa | | | | | |
| 2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION | | Phone: (303) 831-3972 | | | | | |
| 3. Address: 1775 SHERMAN STREET - STE 3000 | | Fax: (303) 860-5838 | | | | | |
| City: DENVER | State: CO | Zip: 80203 | | | | | |
| 5. API Number 05-123-22341-00 | | 6. County: WELD | | | | | |
| 7. Well Name: HEINZE | | Well Number: 44-29 | | | | | |
| 8. Location: QtrQtr: SESE Section: 29 Township: 7N Range: 64W Meridian: 6 | | | | | | | |
| Footage at surface: Distance: 475 feet Direction: FSL Distance: 470 feet Direction: FEL | | | | | | | |
| As Drilled Latitude: _____ | As Drilled Longitude: _____ | | | | | | |
| GPS Data: | | | | | | | |
| Data of Measurement: _____ | PDOP Reading: _____ | GPS Instrument Operator's Name: _____ | | | | | |
| ** If directional footage at Top of Prod. Zone | | Dist.: _____ feet. Direction: _____ | Dist.: _____ feet. Direction: _____ | | | | |
| Sec: _____ | Twp: _____ | Rng: _____ | | | | | |
| ** If directional footage at Bottom Hole | | Dist.: _____ feet. Direction: _____ | Dist.: _____ feet. Direction: _____ | | | | |
| Sec: _____ | Twp: _____ | Rng: _____ | | | | | |
| 9. Field Name: WATTENBERG | | 10. Field Number: 90750 | | | | | |
| 11. Federal, Indian or State Lease Number: _____ | | | | | | | |
| 12. Spud Date: (when the 1st bit hit the dirt) 10/29/2004 13. Date TD: 11/14/2004 14. Date Casing Set or D&A: 11/18/2004 | | | | | | | |
| 15. Well Classification: | | | | | | | |
| <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation | | | | | | | |
| 16. Total Depth MD 7313 TVD** _____ | | 17 Plug Back Total Depth MD 7269 TVD** _____ | | | | | |
| 18. Elevations GR 4820 KB 4830 | | One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available. | | | | | |
| 19. List Electric Logs Run: | | | | | | | |
| CBL | | | | | | | |

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

| CASING | | | | | | | | | |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
| | | | | | | | | | |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| 1 INCH | 1ST | 3,418 | 329 | | 3,420 |

21. Formation log intervals and test zones:

| FORMATION LOG INTERVALS AND TEST ZONES | | | | | |
|--|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
| | Top | Bottom | DST | Cored | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jeff Glossa

Title: Sr Engineering Tech Date: 4/12/2011 Email: jglossa@petd.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400153121 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Directional Survey ** | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | DST Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Logs | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400153117 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)